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ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Regarding the Matter of:

Case No. _____

(Name of Petitioner)

RESPONSE TO PETITION TO ESTABLISH FIRST COURT ORDER FOR PARENTING TIME

AND

(Name of Respondent)

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE PETITIONER:

Name: _____
Address: _____
Date of Birth: _____
Occupation: _____
Relationship to children for whom I want the Parenting Time (or Parenting Time and Child Support) Order:
☐ Mother
☐ Father
☐ Other. My relation to the children is: _____

2. INFORMATION ABOUT OTHER PARTY, THE RESPONDENT:

Name: _____
Address: _____
Date of Birth: _____
Occupation: _____
Relationship to children for whom I want the Parenting Time (or Parenting Time and Child Support) Order:
☐ Mother
☐ Father
☐ Other. My relation to the children is: _____

3. INFORMATION ABOUT MINOR CHILDREN FOR WHOM PARENTING TIME ORDER IS REQUESTED

Name: _____

Birthdate: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birthdate: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birthdate: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

Name: _____

Birthdate: _____

Current Address: _____

County of residence: _____

Father: _____

Mother: _____

STATEMENTS ABOUT PATERNITY, CUSTODY, AND CHILD SUPPORT:**4. INFORMATION ABOUT PATERNITY OF MINOR CHILD(REN):** (check one box)

- ☐ An Order for Paternity is dated _____ from (name of court) _____ which states that (father's name) _____ is the natural father of the minor child(ren). A copy of the order is in this court file. (See instructions)
- ☐ We do not have an order of paternity, but we do have a child support order or paternity was legally established by other means such as both parents signing an affidavit acknowledging paternity at the hospital at the time of birth or afterwards. (See instructions)

5. INFORMATION ABOUT CUSTODY OF THE MINOR CHILD(REN): (check one box)

- ☐ **Mother has had physical custody of the minor child(ren) for the last 6 months, and I do not contest physical custody.**
- ☐ **Father has had physical custody of the minor child(ren) for the last 6 months, and I do not contest physical custody.**
- ☐ **A person other than mother or father has had physical custody of the minor child(ren) for the last 6 months, *because of a court case*, and I do not contest physical custody.** (Describe case below)

Names of Parties: _____

Date of order or judgment (if one already entered): _____

Court Case Number: _____

Location of court (city and state): _____

Explain Type of Case: (Criminal, Order of Protection, Injunction Against Harassment, Divorce, Paternity, etc.): _____

What order or judgment said: _____

Status of Case Now:

- ☐ Final Order Entered; Case is Over
- ☐ Hearing Date Set: On (date) _____ at (time) _____
Location/address: _____
- ☐ Other (explain in detail): _____

- ☐ **A person other than mother or father has had physical custody of the minor child(ren) for the last 6 months, because of a government agency, and I do not contest physical custody.** (List the agency, for example, "Child Protective Services", date, type of case, and case status.

- 6. INFORMATION ABOUT CHILD SUPPORT FOR CHILDREN:** An Order for Child Support is dated _____ from (name of court) _____ which states that child support is established. Note: if order is from court other than Superior court in Maricopa County, see instructions).

Other information about the minor children:

- 7. WHERE THE CHILDREN WHO ARE UNDER 18 YEARS OF AGE, HAVE LIVED FOR THE LAST 5 YEARS.** (Attach extra pages if necessary.)

Child's Name: _____ Dates: From _____ To _____
Lived with: _____ Relationship to child: _____
Street address: _____ City, State _____

Child's Name: _____ Dates: From _____ To _____
Lived with: _____ Relationship to child: _____
Street address : _____ City, State _____

Child's Name: _____ Dates: From _____ To _____
Lived with: _____ Relationship to child: _____
Street address: _____ City, State _____

- 8. COURT CASES NOT INVOLVING PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME RELATED TO THE CHILDREN UNDER 18 YEARS OLD: (check one box)** ☐ **I HAVE** ☐ **I HAVE NOT** been a party or a witness in court in this state or any other state regarding the legal decision making (custody) or parenting time of any of the minor children named above (If so, explain below, using extra pages if necessary. **IF NOT, GO ON.**)

Name of each child: _____
Court State: _____ Court location (county/city): _____
Court case number: _____ Current case status: _____

How the minor children are involved: _____

Summary of any Court Order: _____

9. PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME CASES RELATED TO CHILDREN UNDER 18 YEARS OLD: (Check one box)

☐ I DO NOT HAVE ☐ I DO HAVE information about a legal decision making (custody) or parenting time court case relating to any of the minor children named above that is pending in this state or in any other state (If so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Court State: _____ Court location (county/city): _____

Court case number: _____ Current case status: _____

Nature (type) of court proceeding: _____

Summary of any Court Order: _____

10. PHYSICAL CUSTODY, LEGAL DECISION MAKING (LEGAL CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON:**(check one box)**

☐ I DO NOT KNOW ☐ I DO KNOW a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision making authority (custody) or parenting time rights to any of the minor children named above. (If so, explain below, using extra pages if necessary. **IF NOT, GO ON**).

Name of each child: _____

Name of Person with the claim: _____

Address of Person with the claim: _____

Nature of the Claim: _____

11. SUMMARY OF WHAT I SAY ABOUT THE MINOR CHILDREN THAT IS DIFFERENT FROM WHAT THE OTHER PERSON SAYS: (here summarize what is different between what you say about the child(ren), and what the other party said)

Other Statements to the Court:**12. DOMESTIC VIOLENCE:** ☐ Domestic violence has **not** occurred between the parties.

13. **VENUE:** This is the proper court to bring this lawsuit under Arizona law because it is the county of residence of the Petitioner, or the Respondent, or the child(ren).
14. **GENERAL DENIAL:** I deny anything stated in the Petition that I have **not** specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

1. AWARD PARENTING TIME AS FOLLOWS: (Check only one.)

- ☐ Reasonable parenting time rights to the (other parent) the ☐ Mother OR ☐ Father
- ☐ Supervised parenting time between the children and ☐ Mother OR ☐ Father,
- ☐ No parenting time rights to the ☐ Mother OR ☐ Father.

Supervised or no parenting time is in the best interests of the child(ren) because: *

☐ Explanation continues on attached pages made part of this document by reference.

a. Name this person to supervise: _____

b. Restrict parenting time as follows: _____

c. Order cost of supervised parenting time (if applicable) to be paid by:

- ☐ Mother
- ☐ Father, **OR**
- ☐ Shared equally by the parties.

2. OTHER ORDERS:

☐ TRANSPORTATION will be provided by (name): _____ as follows:

☐ During WEEKENDS (explain specifically) _____

☐ During the SUMMER MONTHS OR SCHOOL BREAKS: (explain specifically) _____

☐ FOR HOLIDAYS AND BIRTHDAYS: (explain specifically) _____

Case No. _____

☐ FOR TELEPHONE CALLS: (explain specifically) _____

☐ OTHER: (Explain specifically) _____

Copy of this document mailed to the other party on: _____

Month / Date / Year

To the following address: _____

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Signature

Sworn to or Affirmed before me this _____

(Date)

by _____

Printed Name

My Commission Expires: (or
Seal below) _____

Deputy Clerk or ☐ Notary Public